

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24492  
STATE FILE NUMBER  
3376

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3376

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hickman Mills</u> <u>KANSAS CITY</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN Hosp.</u>		Length of stay in lb <u>1 day</u>	d. STREET ADDRESS (If outside, give location) <u>Box 359</u>
3. NAME OF DECEASED (Type or print)		First <u>James</u> Middle <u>Melvin</u> Last <u>Cross</u>	4. DATE OF DEATH Month <u>7</u> Day <u>18</u> Year <u>57</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-17-57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>laborer infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>14</u> IF UNDER 1 YEAR Months <u>14</u> Days <u>25</u> IF UNDER 24 HRS.
13a. FATHER'S NAME <u>Noah Cross</u>		13b. MOTHER'S MAIDEN NAME <u>Iva Pierce</u>	11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
17. INFORMANT <u>Noah Cross, Box 359 Hickman Mills</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HYALINE MEMBRANE DISEASE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs 25 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>PREMATURITY (31 wks fetus)</u>			<u>774x</u>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour <u>          </u> Month <u>          </u> Day <u>          </u> Year <u>          </u> a.m. <u>          </u> p.m. <u>          </u>			
20d. INJURY OCCURRED, WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>7-17-57</u> to <u>7-18-57</u> and last saw <u>him</u> alive on <u>7-17-57</u> Death occurred at <u>12:15 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ada B. Rader</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Martin City, Mo</u>	22c. DATE SIGNED <u>7-18-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-19-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>So. of Bolivar - Mo.</u>
24. FUNERAL DIRECTOR <u>Erwin Blue Bolivar MO</u>		25. DATE REC'D BY LOCAL REG. <u>7-19-57</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Harold B. Brewin* .....

Licensed Embalmer No. *3092* .....

P. O. Address *Bolivar, Mo* .....

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.